



PATENT
450100-4916

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yasutomo NISHINA et al.

Serial No. : 09/334,424

For : INFORMATION TRANSMITTING APPARATUS
AND METHOD, INFORMATION RECEIVING
APPARATUS AND METHOD, PROVIDER, AND
BROADCASTING SYSTEM

Filed : June 16, 1999

Examiner : Jason P. Salce

Art Unit : 2611

RECEIVED

JUN 29 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendment Commissioner for Patents**,
P.O. Box 1450, Alexandria, VA 22313-1450, on June 22, 2004.

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian

Signature

June 22, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 29, 2004, please amend the above-
identified application as follows:



PATENT
450100-4916

2611

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No. : 09/334,424
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For : INFORMATION TRANSMITTING APPARATUS AND METHOD,
INFORMATION RECEIVING APPARATUS AND METHOD,
PROVIDER, AND BROADCASTING SYSTEM
Examiner : Jason P. Salce
Art Unit : 2611

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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JUN 29 2004

Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	28	Minus	28	0 x	\$18 (9)	= \$0.00
Independent claims	17	Minus	17	0 x	\$86 (43)	= \$0.00
Total additional fee for this amendment						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 22, 2004

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian
Signature

June 22, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:

Samuel H. Megerditchian
Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800